Capitol Region Library Council

## RECEIVED

JUL 1 3 2001

FCC MAIL ROOM

599 Matianuck Avenue Windsor, Connecticut 06095-3567 (860) 298-5319

FAX (860) 298-5328

email: office@crlc.org

http://www.crlc.org

#### **Letter of Appeal**

July 9, 2001

Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Room TW-A325 Washington, DC 20554

Re:

CC Docket Nos. 96-45 and 97-21

Administrator's Decision on Appeal 6/21/01 Funding Year 4 Form 471-Rejection Letter Form 471 Application Number 262091 Applicant's Form Identifier FR0102

#### Gentlemen,

Enclosed in support of our appeal please find copies of the following:

- 1. USAC Administrator's Decision on Appeal Funding year 2001-2002 (06/21/2001)
- 2. Our Letter of Appeal to the Schools & Libraries Division (04/13/2001)
- 3. USAC Fund Year 4 Form 471 Rejection Letter (03/23/2001)
- 4. FCC Form 471 October 2000 (01/10/2001 returned to us with item 3 above).

The facts of this matter are laid out in our Letter of Appeal and are substantially reflected in the first bullet of the Administrator's Decision on Appeal. As you will see when you review the Form 471 the form number and date (FCC Form 471 – October 2000) appear in the bottom right hand corner of pages 1, 2, 3, 5 & 6 of the form. No form number/date appears in the bottom right hand corner of the 31 occurrences of page 4 (Block 5). The absence of this information on page 4 (Block 5) is the issue. The form used was the correct form.

Our member libraries, after having received discounts for three years, have begun to take this funding into account when preparing their annual budgets. Many of them are counting on this funding for 2001-2001 and the loss of funding would have an adverse effect on their ability to deliver services to their patrons. Our appeal is, simply, that you not deny the 31 libraries covered by this application this much need support (over \$50,000) on the basis of a clerical oversight.

Sincerely,

Kenneth Sutton

Office & Network Systems Manager Voice: 860-298-5319 ext.3030

FAX: 860-298-5328 Email: kensut@crlc.org No. of Copies rec'd\_

ListABCDE



#### **Universal Service Administrative Company**

Schools & Libraries Division

#### Administrator's Decision on Appeal - Funding Year 2001-2002

June 21, 2001

Kenneth Sutton
Capitol Region Library Council
599 Matiaunuck Avenue
Windsor, CT 06095-3567

Re:

Billed Entity Number:

122316

471 Application Number:

262091

Funding Request Number(s):

Not assigned

Your Correspondence Dated:

April 13, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number:

Not assigned

Decision on Appeal:

Denied in full

Explanation:

- Your appeal stated that all pages of the application with the exception of page 4 of 6, (block 5) do include the required information. The reasons was that you filed for the same core group of members each year and have entered the data that repeats each year into the database. You also stated that to create the 31 instances of page 4 of 6, you copied an image of page 4 of 6 into the database and overlaid it with the appropriate field. You admitted that in the process you failed to capture the information at the bottom of the page. You concluded by asking the SLD not deny 31 libraries because of a clerical oversight.
- After thorough review of your appeal, it was determined from the Form 471 application submitted that the incorrect OMB-approved FCC Form 471 has been used in Funding Year Four. The lower right hand corner of this form shows September 1999 instead of October 2000. This is the reason the application was rejected for Minimum Processing Standards in Year 4. According to program rules the Form 471

is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since the Form 471 was not the correct OMB-approved FCC Form 471 for Funding Year 4 (dated October 2000 in the lower right hand corner of the form) it was returned in accordance with program rules. Please note that the SLD website is explicit as to what forms should be used. The Form 471 application (block 5) you submitted is not approved for year four. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

## Capitol Region Library Council

599 Matianuck Avenue (860) 298-5319 FAX (860) 298-5328 Windsor, Connecticut 06095-3567 email: office@crlc.org http://www.crlc.org

April 13, 2001

Letter of Appeal Schools & Libraries Division Box 125 - Correspondence Unit 80 South Jefferson Road Whippany, NJ 07981

> Re: Funding Year 4 Form 471-Rejection Letter Form 471 Application Number 262091 Applicant's Form Identifier FR0102

The above captioned letter states that the subject Form 471 has been rejected because it is not the "correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form". In fact all pages of the application, with the exception of page 4 of 6, do include the required information. There are 31 occurrences of page 4 of 6 representing the 31 libraries covered by the application.

Because we file for the same core group of members each year I have entered the data that repeats each year into a database. To create the 31 instances of page 4 of 6 we copied a image of page 4 of 6 into the database and overlaid it with the appropriate fields. In this process I failed to capture the information at the bottom of the page.

The information required is present in the necessary format. Notations on the application (copy attached) indicates that the application was processed and our faxed response to a request for information from your Client Service Bureau resolved the only question arising out of that processing. All that is lacking is the footer from page 4 of 6.

Our appeal is, simply, that you not deny the 31 libraries covered by this application this much need support (over \$50,000) on the basis of a clerical oversight.

Sincerely,

Kenneth Sutton

Office & Network Systems Manager Voice: 860-298-5319 ext.3030

FAX: 860-298-5328 Email: kensut@crlc.org



# Universal Service Administrative Company Schools & Libraries Division

#### Fund Year 4 FORM 471-REJECTION LETTER

March 23, 2001

KENNETH SUTTON
CAPITOL REGION LIBRARY COUNCIL
599 MATIANUCK AVE
WINDSOR, CT 06095-3567

Re:

Applicant's Form Identifier: FR01

Form 471 Application Number:

262091

Dear Applicant:

This letter is your notification that the entire FCC Form 471, Services Ordered and Certification Form, you submitted did not meet Minimum Processing Standards and cannot be processed. Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it. Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

• The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12<sup>th</sup> Street Lobby, SW; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure:

(1) Form 471

5200196 المانية المساورين و ال 01-16-01 FCC Form 471 Approval by OMB 3060-0806 262091 Applicant IO rvice Sei rm 471 This form asks schools and libraries t e ordered and estimate the annual charges for them so that the Fund Administrati underse providers for services. Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online) Applicant's Form Identifier: FR0102 (Create your own code to identify THIS Form 471) Form 471 Application #: (To Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.) Name of Billed Entity (30 characters max.) Capitol Region Library Council 3 Entity Number (up to 10 digits) 122316 Funding Year: July 1, 2001 through June 30, 2002 599 Matianuck Ave 4a Street Address, P.O. Box, or Route Number City Windsor State CT Zip Code 06095 - 3567 (860) 298 - 5319 ext. 3030 b Telephone Number (10 digits + ext.) (860) 298 - 5328 C Fax Number (10 digits) d E-mail Address (50 characters max.) kensut@crlc.org 5 School (public or non-public school) Type of Application School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) Library (library (i.e. outlet/branch, system)) Check here if any members of this consortium are ineligible non-governmental entities. Consortium enneth Contact Person's Name 6a First, fill in every item of the Contact Person's information below that is different from Item 4, above Then check the box next to the preferred mode of contact. (At least one box MUST be checked.) b Street Address, P.O. Box, or Route Number State Zip Code City ext. Telephone Number (10 digits + ext.) Fax Number (10 digits) E-mail Address (50 characters max.) Holiday/vacation/summer contact information:

Block 2: Minor Modification to Existing Contract?

Check if this Form 471 represents a minor modification, such as a modification of services, to

a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below,

attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

34058 FCC Form 471 – October 2000

·27/-27-11

Entity Conta	Number _ ct Person	122316 Kenneth Sutton	Phone Number	_ Applicant's Form Identifier860-298-5319 exr 30	FR0102 30		
Blo	ock 3:	Impact of Service	es Ordered in THIS	S Application			
8	Please comple	provide your best estimate ete 8a. Libraries complete 8b	of the number of people who. Consortia complete 8a ar	no will be served by all of the id/or 8b.	services or	dered in THIS Form 471. So	hools/school districts
a	Num	nber of students to be served		<b>b</b> Number of library patrons to	be served	1 432,766	
9		lowing questions seek sum nat are relevant to THIS appl		based on the services order	ed in this Fo	rm 471 application. Please	complete only those
	IF THIS A	APPLICATION INCLUDES				BEFORE ORDER	AFTER ORDER
a	(Schools/	/districts/consortia only) Telephone	service: How many classrooms had	d phone service before and after your	order?	N/A	N/A
b	High-ban	dwidth voice/data/video service: Hov	w many buildings served before and	I after your order?		31	31
c	High-ban	dwidth voice/data/video service: Hig	hest speed to a building before and	after your order?		256KBps	256KBps
d	Dial-up Ir	nternet connections: How many befo	re and after your order?			none	none
е	Dial-up Ir	nternet connections: Highest speed t	before and after your order?			N/A	N/A
f	Direct co	nnections to the Internet: How many	before and after your order?			31	31
g	Direct co	nnections to the Internet: Highest sp	peed before and after your order?			256KBps	256KBps
h	Internet a	access (for schools): How many roor	ms have Internet access before and	after your order?		N/A	N/A
i	Internet a	access (for libraries): How many buil	dings have Internet access before a	and after your order?		31	31
j	Internet a	access: How many computers (or ot	her devices) with Internet access be	fore and after your order?		402	402
k	Other tec	chnology outcomes: (please specify)	·				

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

FCC Form 471 -- October 2000

Entity Number 122316 Contact Parson Kenneth Sutton		oplicant's Form Iden none Number		319 ext.3030	ya ya san array ya i ya i ya sa			
Block 4: Discount Cald	culation Worksh	neet B		Worksi	neet #B-			
For Libraries				Page	<u>1</u> of			
Instructions: If you are filing a library for outlets/branches an	* *	sheet to calcula	te the discount rate(s)	L	Administrator's	S Use)		
10a If you are: Applying for discounts ONLY for o Complete columns 1-5 only for each			os:	310740				
Applying for discounts on services Corrupted columns 1-5 PLUS 10c test Applying for discounts on different Corrupted one worksheet, columns 1-	s shared by ALL outlets/branch low. It shared services that are share 5 PLUS 10c, for EACH different	hes in the library s red by different gro	ups of outlets/branches:		·	ılc. ————		
10b List entities and calculate discoun Library System Name:	icte).	tı.	brary System Entity Number:					
1	2	3	4		T	5		
Name of Eligible Library (outlet/breach)	Entity Number (1-10 digas)		Name of School Dist in which outlevbrench in Colum			Average Discount I District in Column 4		

Enlity Numbar Comptact Per	Kanne	th Sutton				Α	pplicant's Form	ldentifier _		FR0102 0-298-5319		
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1 3 SPIN - Sei	2 Form 470 Application Number (15 ( 451020000302138   17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001  3 SPIN - Service Provider   18 Contract Award Date (mm/dd/yyyy   19 Service Start Date (mm/dd/yyyy)   07/01/2001  4 Service Provider Name Southern New England Telephone   20 Contract Expiration Date (mm/dd/yyyy)   You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label											
<sup>2</sup> 1 Descriptio This Serv	n of	You MUST attac	ch a descr with an At	iption of the service, tachment #, and not	_		•	osts, plus any r	elevant bra	nd names. Label		
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Monthly \$ c harges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60

En⊾iity Number Co≘ntact Per	Kenne	S th Sutton			Applicant's Form Identifier Phone Number					FR0102 860-298-5319		
	e one Block 5 popies of this pag	age for EACH specifies as necessary,	service (Fi	quest(s) unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly	page 6	of 31		
1 1 Category o  Telecommune	f Service (only	ONE category sh	ould be ch	(to be ass	signed by 15 Contract "MTM" if month-to	Adminis Number (if -month services	一切,我只要你什么,我们是连续发展更大的第三人称	ariffed services, tions)	203-47	T 71-6854		
1 2 Form 470	orm 470 filir	ng) <b>01-01-2001</b>										
1 3	rvice Provider tion Number	(9 digits)	143	001305		· · · · ·	ate (mm/dd/yyyy (mm/dd/yyyy)	07/01/20	01			
1 4 Service	Provider Nam	e Southern New	v England	Telephone			n Date (mm/dd/					
2   Descriptio This Serv	n of	You MUST attack	ch a descr	iption of the service, tachment #, and not	•		•	ests, plus any r	elevant bra	nd names. Label		
2 <sup>2</sup> Entity/Enti Receiving Service:		receiving this s	ervice : _	pecific (provided to c 122334 and by all entities on				•		y from Block 4		
2 3 Calculati												
Α	B Re	curring Cha	rges D	E	On F	e-Time Ch G	arges H	1	Total Ch	arges K		
Monthly \$ the \$ amount per month for service)  Monthly \$ the \$ amount per month for service)  Monthly \$ the \$ amount per month for service)  Monthly \$ the \$ amount per month for service)  Monthly \$ the \$ amount per month for service)  Monthly \$ the \$ amount per month for service provided in program vear  Monthly \$ the \$ amount monthly prediscount \$ amount for eligible recurring charges (one-time) \$ amount in time charges (F minus G)  Monthly \$ the \$ amount for one-time time charges (F minus												
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	52	\$2466.88		

Eratity Number	12231	6			de de la Maria de Maria	A	pplicant's Form	ldentifier _		FR0102
C⊡ntact Per	Kenne	th Sutton					Phone N	lumber	860 	)-298-5319 
M⊜ke as many co	se one Block 5 popies of this pag	eage for EACH ge as necessary	service (Fi , and num	quest(s) unding Request Num ber the completed pa	ages to assure	that they are	esting discounts. all processed cor	rectly. —	STATE OF	of 31
1 1 Category o					15 Contract	Number (ii	available; use "T" if t	ariffed services,		Т
Telecommuno	cations Service	O Internet Ac	cess () I	nternal Connections			mber (e.g., billed		203-47	71-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyy)	, based on Fo	orm 470 filir	ng) <b>01-01-2001</b>
1 3 SPIN - Sei	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	tion Number		(mm/dd/yyyy)	07/01/20	01					
<sup>1 4</sup> Service	Provider Nam	e Southern Ne	w England	Telephone	20 Contrac	Expiration	n Date (mm/dd/			· · · · · · · · · · · · · · · · · · ·
2≘1 Descriptio This Serv			with an Af	ription of the service, tachment #, and not R0102	-		•	ests, plus any r	elevant bra	nd names. Label
Entity/Enti Receiving Service:		receiving this	service :	pecific (provided to constant 5421 sed by all entities on	····	<del></del>	·	-		y from Block 4
⊇3 Calculati		ecurring Cha	araes		l On	e-Time Ch	arges		Total Ch	arges
Α	В	С	D	E	F	G	Н	l	J	К
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96

Entity Number	122310	6				Aj	oplicant's Form	ldentifier _		FR0102
C⊛ntact Pers	Kenne	eth Sutton					Phone N	lumber	860	)-298-5319 
Make as many co	e one Block 5 popies of this pag	eage for <b>EACH</b> s ge as necessary,	service (Fu and numl	unding Request Num per the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly	page 8	of 31
				(to be as						
11 Category o	f Service (only (	ONE category sh	ould be ch	ecked)			available; use "T" if to as described in Instruc			т
Telecommuno	ations Service	O Internet Acc	cess 🔾 l	nternal Connections			mber (e.g., billed		203-47	1-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	ırm 470 filir	ng) <b>01-01-2001</b>
B 3	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	ion Number			001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
<sup>14</sup> Service I	Provider Nam	<sub>ie</sub> Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
21 Description This Servi				iption of the service, tachment #, and note	_		•	ests, plus any r	elevant bra	nd names. Label
Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to compared to by all entities on						y from Block 4
<b></b>		D. II the Service	e is silate	ed by an entities on	a block 4 we	ARSHOOL, 11St	the worksheet hu	illiber (e.g., A	<u> </u>	
⊋3 Calculati		ecurring Cha	ırges		On	e-Time Ch	arges		Total Ch	arges
A	В	С	D	E	F	G	Н	1	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96

Enlity Number Contact Per	Kenne	6 eth Sutton				A;	oplicant's Form	ldentifler _		FR0102 -298-5319
Make as many co	e one Block 5 popies of this pag	age for <b>EACH</b> specifies as necessary,	service (Fi	unding Request Num per the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly	page 9	of 31
FRN #				(to be ass	signed by	admini	strator)			
1 1 Category o	f Service (only	ONE category sh	ould be ch	ecked)		•	available; use "T" if to as described in Instruc			Т
<ul><li>Telecommuno</li></ul>	ations Service	() Internet Acc	cess 🔾 I	nternal Connections	<del></del>	<del></del>	mber (e.g., billed		203-47	1-6854
<sup>1 2</sup> Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2001
SPIN - Ser	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	ion Number				19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	<sub>ie</sub> Southern Ne	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Description This Servi				iption of the service, tachment #, and note	=		•	ests, plus any r	elevant brai	nd names. Label
2 2 Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to c 5354 and by all entities on		<del></del>	·	-	-	from Block 4
2 3 Calculati							1			
Α	B B	c c c	arges D	E	F On	e-Time Ch G	arges H	1	Total Cha	arges K
Monthly \$ c harges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96

Emtity Number	12231	6	_			A	pplicant's Form	Identifier		FR0102
Contact Per	Kenne	eth Sutton						lumber		)-298-5319 
Make as many co	e one Block 5 popies of this pag	page for <b>EACH</b> : ge as necessary,	service (Fi	quest(s) unding Request Num per the completed pa	ages to assure	that they are	esting discounts. all processed co	rectly		0 of 31
FRN #	f Service (only	ONE category sh	ould be ch	(to be ass	signed by 15 Contract "MTM" if month-to	Admini Number (if	strator) available; use "T" if the described in Instruction mber (e.g., billed)	arilled services,		<u>T</u>
12 Form 470	Application	Number (15 c	45102	0000302138		<del></del>				ng) <b>01-01-2001</b>
CDIN Co.	rvice Provider						ate (mm/dd/yyyy			
		(9 digits)	(mm/dd/yyyy)	07/01/20	01					
74 Service	Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001  4 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/									
21 Descriptio This Servi			with an At	iption of the service, tachment #, and not	•		•	osts, plus any r	elevant bra	nd names. Label
Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to one 122308 ed by all entities on		·	·	-		
⊒3 Calculati	ons				•					
		ecurring Cha		_		e-Time Ch			Total Ch	
Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	F Annual non- recurring (one-time) \$ charges	G How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$200.00	\$0.00	\$200.00	\$5084.00	43	\$2186.12

Entity Number		6 eth Sutton				Α	pplicant's Form Phone N			FR0102 0-298-5319
Make as many co	e one Block 5 popies of this pag	age for EACH see as necessary,	service (Fi	unding Request Number the completed pa	ages to assure	that they are	esting discounts. all processed co	rrectly		1 of 31
FRN #	· · · · · · · · · · · · · · · · · · ·			(to be as	signed by	<u>admini</u>	strator)			
11 Category o	f Service (only	ONE category sh	ould be ch	ecked)		•	available; use "T" if t as described in Instruc			T
Telecommuno	cations Service	O Internet Acc	cess 🔾 I	nternal Connections		·	mber (e.g., billed		203-47	71-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyy)	, based on Fo	orm 470 filir	ng) 01-01-2001
CDIN So	vice Provider	****			18 Contract	Award D	ate (mm/dd/yyyy			· · · · · · · · · · · · · · · · · · ·
1 1 3	tion Number	(9 digits)	143	001305	19 Servic	e Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	e Southern New	w England	Telephone	20 Contrac	Expiration	n Date (mm/dd/			
2 1 Descriptio This Serv	n of	You MUST attack	ch a descr with an At	iption of the service, tachment #, and not	e number in sp		· ·	osts, plus any r	elevant bra	nd names. Label
2 2 Entity/Enti		receiving this s	service :	-		·		·		y from Block 4
Service:		b. If the service	e is share	ed by all entities on	a Block 4 wo	orksheet, list	the worksheet nu	ımber (e.g., A	· <u> </u>	
2 3 Calculati		ecurring Cha	raes	1	l On	e-Time Ch	arnae		Total Ch	arnae
A	В	C	D	E	F	G	н	1	J	K K
Monthly \$ Charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	43	\$665.64

E⊓tity Number	12231	6				Aį	oplicant's Form	ldentifier _		FR0102
C⇔ntact Per	Kanna	th Sutton						umber		)-298-5319 
	e one Block 5 popies of this pag	age for <b>EACH</b> s ge as necessary,	service (Fi	unding Request Num ber the completed pa	ages to assure	that they are	esting discounts. all processed cor	•	page 1	2 of 31
FRN #				(to be ass	signed by	admini	strator)			
1 1 Category o	f Service (only	ONE category sh	ould be ch	necked)			available; use "T" if t as described in Instruc			Т
Telecommuno	ations Service	() Internet Acc	cess 🔾 I	nternal Connections		-	mber (e.g., billed		203-47	71-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filir	ng) <b>01-01-2001</b>
1 3 SPIN - Ser	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	ion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
<sup>1 4</sup> Service	Provider Nam	<sub>ne</sub> Southern Nev	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Description This Servi		this description		ription of the service, ttachment #, and note				sts, plus any r	elevant bra	nd names. Label
Entity/Enti Receiving Service:		receiving this s	service :	pecific (provided to control 122268  ed by all entities on			,	•	·	•
≥3 Calculati	ons						_			
		ecurring Cha				e-Time Ch			Total Ch	
A Monthly \$	B How much of	C Eligible	D # of	E Annual pre-	F Annual non-	G How much	H Annual eligible	Total	J %	K Funding
amount per month for service)	the \$ amount in (A) is ineligible?	monthly pre- discount amount (A minus B)	months service provided in program vear	discount \$ amount for eligible recurring charges (D x C)	recurring (one-time) \$ charges	of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	program year pre- discount \$ amount (E + H)	discount (from Block 4 Workshee t)	Commitment \$ Request ( J x I )
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60

Entity Number	Kenne	th Sutton				Αι	oplicant's Form	Identifier _		FR0102 0-298-5319
Make as many co	e one Block 5 popies of this pag	age for <b>EACH</b> see as necessary,	service (Fi	quest(s) unding Request Num ber the completed pa  (to be ass	iges to assure	that they are	esting discounts. all processed cor	rectly	page 1	3 of 31
1 1 Category o			ould be ch	ecked)	15 Contract "MTM" if month-to	Number (if month services	available; use "T" if t as described in Instruc	tions)		Т
Telecommuno	cations Service	() Internet Acc	cess () I	nternal Connections	16 Billing	Account Nu	mber (e.g., billed	telephone num	203-47	71-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	orm 470 filir	ng) <b>01-01-2001</b>
SPIN - Sei	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	tion Number	·		001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
1 <sup>4</sup> Service	Provider Nam	e Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Description This Servi				iption of the service, tachment #, and note			•	osts, plus any r	elevant bra	nd names. Label
Entity/Enti Receiving Service:		receiving this s	service : _					-		y from Block 4
		b. If the service	e is snare	ed by all entities on	a Block 4 Wo	orksneet, list	the worksheet nu	imber (e.g., A		
23 Calculati		ecurring Cha	iraes	1	On	e-Time Ch	arges		Total Ch	arges
Α	В	С	D	E	F	G	Н	1	J	K
Monthly \$ charges (total amount per month for service)	charges (total amount per in (A) is monthly prediscount provided recurring charges (total amount for one-ineligible?  The same of the same									
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	40	\$619.20

Emility Number	122316	6				A	pplicant's Form	Identifier _		FR0102
Contact Per	Kenne	th Sutton					-	umber		)-298-5319 
	e one Block 5 popies of this pag	age for EACH see as necessary,	service (Fi	unding Request Number the completed pa	ages to assure	that they are	esting discounts. all processed cor	rectly		4 of 31
FRN #				(to be as:	signed by	<u>admini</u>	strator)			
1 1 Category o	f Service (only	ONE category sh	ould be ch	ecked)	i e	•	available; use "T" if t as described in Instruc			T
• Telecommuno	cations Service	O Internet Acc	ess 🔾 I	nternal Connections					203-47	71-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	orm 470 filir	ng) <b>01-01-2001</b>
	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
1 1 4	tion Number	(9 digits)	143	001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	e Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Description This Servi		this description	with an At	iption of the service, tachment #, and not 10102	e number in sp		•	osts, plus any r	elevant bra	nd names. Label
2 2 Entity/Enti Receiving Service:	ities This	receiving this s	ervice :	pecific (provided to one 122306 and by all entities on		<u>-</u>	•	·		•
2   Calculati	222	D. II the Service	e is silait	o by all elitiles of	d DIOCK 4 W	JIKSHEEL, HSL	the worksheet he	illinei (e.ä., v.	•	
Z , Carculati		ecurring Cha	rges		On	e-Time Ch	arges		Total Ch	arges
A	В	С	D	E	F	G	Н	1	J	К
Monthly \$ charges (total mount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number	Kenne	6 eth Sutton				Aı	oplicant's Form			FR0102 0-298-5319
	e one Block 5 p	age for EACH	service (Fi	quest(s) unding Request Num ber the completed pa	•	•	esting discounts.		page 1	5 of 31
FRN #				(to be ass	signed by	admini	strator)			
1 1 Category o	f Service (only (	ONE category sh	ould be ch	ecked)			available; use "T" if t as described in Instruc			Т
<ul><li>Telecommuno</li></ul>	ations Service	O Internet Acc	cess () I	nternal Connections			mber (e.g., billed		203-47	1-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filir	ng) <b>01-01-2001</b>
SDIN - Sai	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
1 3 Identificat	tion Number	(9 digits)	143	001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	
<sup>1 4</sup> Service	Provider Nam	<sub>ne</sub> Southern Nev	w England	Telephone	20 Contract	Expiration	n <b>Date</b> (mm/dd/			
Descriptio This Servi	n of ice:			iption of the service, tachment #, and note	•		•	sts, plus any r	elevant bra	nd names. Label
<sup>2</sup> Entity/Enti Receiving Service:	ues	receiving this s	service :	pecific (provided to one 122311  and by all entities on		·		•		y from Block 4
2 3 Calculati	ons			, and an				(0.9., 1.	,	
		ecurring Cha	rges		On	e-Time Ch	arges	, , , , , , , , , , , , , , , , , , , ,	Total Ch	arges
ΑΑ	В	С	D	E	F	G	Н	<u> </u>	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$0.00	\$0.00	\$0.00	\$4044.00	40	\$1617.60

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Entity Number	Kenne	6 eth Sutton				Α,	oplicant's Form	ldentifier _		FR0102 0-298-5319
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1 1 Category o				ecked)		•	available; use "T" if t			Т
• Telecommuno	ations Service	() Internet Acc	cess 🔾 I	nternal Connections		<del></del>	mber (e.g., billed		203-47	1-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filir	ng) <b>01-01-2001</b>
1 34	vice Provider	(9 digits)	143	001305			ate (mm/dd/yyyy (mm/dd/yyyy)	07/01/20	<b>01</b>	
1 4 Service I		<u> </u>					n Date (mm/dd/	01701720		
Description This Servi	n of ce:	You MUST attacthis description  Attachment	ch a descr with an At # <b>A-FF</b>	iption of the service, tachment #, and note	e number in sp	ace provided	below.			
Receiving Service:		receiving this s <b>b.</b> If the service		122337 ed by all entities on	a Block 4 wo	orksheet, list	the worksheet nu	ımber (e.g., A-	·	
2 3 Calculati					1	~. 0.				
	В В	c curring Cha	rges D	E	F On	e-Time Ch G	arges H		Total Cha	arges K
Monthly \$ charges (total æmount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$200.00	\$0.00	\$200.00	\$5084.00	40	\$2033.60

Entity Number	122310	6				A	oplicant's Form	ldentifier _		FR0102
Contact Pers	son Kenne	th Sutton					Phone N	lumber	860	-298-5319
Make as many co	e one Block 5 p opies of this pag	age for <b>EACH</b> see as necessary,	service (Fu	quest(s) unding Request Num per the completed pa  (to be ass	iges to assure	that they are	esting discounts. all processed cor		page 1	7 of 31
1 1 Category of	f Service (only	ONE category sh	ould be ch	ecked)			available; use "T" if t as described in Instruc			Т
■ Telecommuno	ations Service	O Internet Acc	ess 🔾 l	nternal Connections			mber (e.g., billed		203-47	1-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	e Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) <b>01-01-2001</b>
1 3 SPIN - Ser	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
	tion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
14 Service	Provider Nam	<sub>ie</sub> Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/		-	
Pescription This Servi	n of			iption of the service, tachment #, and note	-		•	sts, plus any r	elevant brai	nd names. Label
2 2 Entity/Enti Receiving Service:		receiving this s	ervice : _	pecific (provided to c 122276 and by all entities on			·	-		from Block 4
2 3 Calculati										
A	В В	curring Cha	rges D	E	F On	e-Time Ch G	arges H	1	Total Cha	arges K
Nonthly \$ Chages (total anount per nonth for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	.Total program year pre- discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (Jx1)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$0.00	\$0.00	\$0.00	\$4044.00	50	\$2022.00

Entity Number	Kenne	S th Sutton				Αι	oplicant's Form	ldentifier _		FR0102 0-298-5319
Make as many co	e one Block 5 popies of this pag	age for EACH : e as necessary,	service (Fi	quest(s) unding Request Num ber the completed pa  (to be ass	ages to assure	that they are	esting discounts. all processed cor		-	
1   Category o	f Service (only	ONE category sh	ould be ch	ecked)	15 Contract "MTM" if month-to	Number (if	available; use "T" if t as described in Instruc	ariffed services,		Т
• Telecommuno	cations Service	O Internet Acc	cess 🔾 I	nternal Connections	16 Billing	Account Nu	mber (e.g., billed	telephone num	203-47	71-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	orm 470 filir	ng) <b>01-01-2001</b>
1 3 SPIN - Sei	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	tion Number			001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	1 4 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/									
Descriptio This Serv			with an At	iption of the service, tachment #, and not	-		•	ests, plus any r	elevant bra	nd names. Label
<sup>2 2</sup> Entity/Enti Receiving Service:		receiving this	ervice : _	pecific (provided to constant) 5152 and by all entities on		-	·	-		y from Block 4
2 3 Calculati		accepting Cha	. ra.o.		l 05	e-Time Ch	araa		Total Ch	0.500
Α	В	curring Cha	D	E	F	G G	H H	1	J	K K
Monthly \$ clarges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program	Annual pre- discount \$ amount for eligible	Annual non-	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	50	\$774.00

Entity Number	Kenne	6 eth Sutton				A <sub>1</sub>	oplicant's Form	identifier _		)-298-5319 
Make as many co	e one Block 5 popies of this pag	eage for <b>EACH</b> s ge as necessary,	service (Fi	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly	page 1	9 of 31
FRN #				(to be ass	signed by	admini	strator)			
1 1 Category o	f Service (only	ONE category sh	ould be ch	necked)			available; use "T" if t as described in Instruc			Τ
• Telecommuno	ations Service	O Internet Acc	cess 🔾 I	nternal Connections			mber (e.g., billed		203-47	71-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 fili	ng) 01-01-2001
1 3 SPIN - Sei	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	ion Number				19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	<sub>re</sub> Southern Nev	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Descriptio This Servi				ription of the service, tachment #, and note	_		•	ests, plus any r	elevant bra	nd names. Label
<sup>2</sup> Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to c 122280 and by all entities on		<del></del>	·	•		y from Block 4
2 3 Calculati	ons									
		curring Cha		:		e-Time Ch			Total Ch	
A A control of	B	C	D # of	E Annual are	F Annual	G	H Annual aliaible	Takal	J	К
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	74	\$3614.16

Entity Number	122310	6				Aı	pplicant's Form	ldentifier _		FR0102
Contact Per	Kenne	th Sutton						umber		)-298-5319 
Make as many co	e one Block 5 popies of this pag	eage for EACH s ge as necessary,	service (Fi	unding Request Number the completed pa	ages to assure	that they are	esting discounts. all processed cor	·	page 2	0 of 31
FRN #				(to be ass						
	f Service (only			lecked)	"MTM" if month-to	•	available; use "T" if t as described in Instruc			Т
• Telecommuno	cations Service	O Internet Acc	cess 🔘 I	nternal Connections	16 Billing	Account Nu	mber (e.g., billed	telephone num	203-47	71-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyy)	, based on Fo	orm 470 filir	ng) <b>01-01-2001</b>
1 3 SPIN - Sei	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	tion Number	<u> </u>			19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	<sub>e</sub> Southern Nev	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
2 1 Descriptio This Serv			with an At	iption of the service, tachment #, and note				osts, plus any r	elevant bra	nd names. Label
<sup>2 2</sup> Entity/Enti		receiving this s	service :				·	·		
Service:		b. If the service	e is share	ed by all entities on	a Block 4 wo	orksheet, list	the worksheet nu	ımber (e.g., A	· <del>',</del>	
23 Calculati		ecurring Cha	araes		l On	e-Time Ch	arges I		Total Ch	arges
A	В	С	D	E	F	G	Н	1	J	К
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	74	\$1145.52

Entity Number	12231	6				Aı	oplicant's Form	ldentifier		FR0102
Contact Per	Kenne	th Sutton					_ Phone N			-298-5319
Make as many co	e one Block 5 popies of this pag	page for EACH s ge as necessary,	service (Fi	unding Request Number the completed pa	iges to assure	that they are	esting discounts. all processed cor	•	page 2	1 of 31
FRN #			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(to be ass						
11 Category o	f Service (only	ONE category sh	ould be ch	ecked)		•	available; use "T" if to as described in Instruc			Т
• Telecommuno	ations Service	O Internet Acc	cess Ol	nternal Connections	<del></del>		mber (e.g., billed		203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	<sub>g)</sub> 01-01-2001
1 -1	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
ldentificat		(9 digits)		001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/ You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label									
Description This Servi	n of			tachment #, and note				sts, plus any r	elevant bra	nd names. Label
<sup>2 2</sup> Entity/Enti Receiving Service:		receiving this s	ervice :	pecific (provided to constitution 5191)  ed by all entities on			,	-		from Block 4
2 3 Calculati	ons			, an enmo				(0.9.,	,	
		ecurring Cha	rges		On	e-Time Ch	arges	·	Total Ch	arges
Α	В	С	D	E	F	G	Н		J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$650.00	\$0.00	\$650.00	\$2198.00	74	\$1626.52

Entity Number	122316	5				Aı	oplicant's Form	Identifier		FR0102
Contact Pers	Kenne	th Sutton					Phone N			-298-5319
	e one Block 5 p	age for EACH see as necessary,	service (Fu and numb	quest(s) unding Request Num per the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly. —	page 22	2 of 31
1 ☐ Category o	f Service (only (				15 Contract	Number (if	available; use "T" if t			Т
• Telecommuno	ations Service	O Internet Acc	cess 🔾 l	nternal Connections			mber (e.g., billed	<del> </del>	203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	e Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2001
SPIN - Ser	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
Identificat	ion Number		_ ::-	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
<sup>1 4</sup> Service I	Provider Nam	e Southern Nev	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Description This Servi	n of ice:			iption of the service, tachment #, and note	_		•	ests, plus any r	elevant bra	nd names. Label
<sup>2</sup> Entity/Enti Receiving Service:	This	receiving this s	service : _	pecific (provided to c 122286 and by all entities on						/ from Block 4
2 3 Calculati						~	1			
Α	B Re	curring Cha	rges D	E	F On	e-Time Ch G	arges H	1	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number	122310	6				Aı	pplicant's Form	ldentifier _		FR0102	
Contact Per	Kenne	th Sutton						umber		-298-5319	
Make as many co	e one Block 5 p opies of this pag	age for <b>EACH</b> s le as necessary,	service (Fi	unding Request Number the completed pa	ages to assure	that they are	esting discounts. all processed cor	rectly	page 2	3 of 31	
FRN #				(to be ass							
17 Category o	-			lecked)	"MTM" if month-to	•	available; use "T" if t as described in Instruc			Т	
• Telecommuno	cations Service	O Internet Acc	cess () I	nternal Connections	ctions 16 Billing Account Number (e.g., billed telephone num 203-471-6854						
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filir	ng) <b>01-01-2001</b>	
SPIN - Sei	vice Provider			,	18 Contract Award Date (mm/dd/yyyy						
Identificat	tion Number	·		001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01		
14 Service	Provider Nam	<sub>e</sub> Southern Nev	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/				
7 1	You MUST attach a description of this Service:    Attachment # A-FR0102   Service   Provider   Name   Southern New England Telephone   20   Contract   Expiration   Date (mm/dd/)										
2 2 Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to control 122517  ed by all entities on	<del></del>	<del></del>					
23 Calculati	ons										
		curring Cha				e-Time Ch			Total Ch		
A Monthly \$	B How much of	C Eligible	D # of	E Annual pre-	F Annual non-	G How much	H Annual eligible	Total	у %	K Funding	
montmy \$ charges (total æmount per nonth for service)	the \$ amount in (A) is ineligible?	monthly pre- discount amount (A minus B)	months service provided in program vear	discount \$ amount for eligible recurring charges (D x C)	recurring (one-time) \$ charges	of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	discount (from Block 4 Workshee t)	Commitment \$ Request ( J x I )	
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60	

Emility Nu		Kenne	th Sutton				Aį	oplicant's Form	ldentifier _		FR0102 0-298-5319		
Instruction Make as m	s: Use any cop	one Block 5 poies of this pag	e as necessary,	service (Fu	quest(s) unding Request Num per the completed pa (to be ass	nges to assure	that they are	esting discounts. all processed cor	rectly	page 2	4 of 31		
i -	=		ONE category sh			"MTM" if month-to		available; use "T" if t as described in Instruc			Т		
Telecon	nmunca	itions Service	O Internet Acc	ess 🔘 I	nternal Connections	16 Billing	Account Nu	mber (e.g., billed	telephone num	203-47	71-6854		
<sup>1 2</sup> Form	1 470	Application	Number (15 c	45102	0000302138	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001							
1 3 SPIN	- Serv	ice Provider				18 Contract Award Date (mm/dd/yyyy							
Ident	tificati	on Number	(9 digits)	143	001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01			
1 4 Serv	ice P	rovider Nam	<sub>e</sub> Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/					
	You MUST attach a description of this Service:    Attachment												
	y/Entiti eiving ice:	This	receiving this s	ervice :	pecific (provided to c 122238 and by all entities on				-		y from Block 4		
21 Calc	ulatio		ourshar Cha			l 0-	. Time Ch		· 	Total Ob			
Α	<u> </u>	В	curring Cha	D	E	F On	e-Time Ch G	arges н	ì	Total Ch	arges K		
Monthly charges (if amount   month f	total per for	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible	Annual non-	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )		
\$407	7.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	53	\$2588.52		

En ity Number	122310	6				Aı	oplicant's Form	Identifier	W	FR0102	
Co⊫ntact Pers	Kenne	eth Sutton			Phone Number					-298-5319	
	e one Block 5 popies of this pag	page for EACH spe as necessary,	service (Fi	quest(s) unding Request Num per the completed pa	ges to assure	that they are	esting discounts. all processed cor	rectly	page 2	5 of 31	
FRN #				(to be ass	signed by	admini	strator)				
1   Category of	Service (only (	ONE category sh	ould be ch				available; use "T" if to as described in Instruc			т	
●☐Telecommuno	ations Service	O Internet Acc	ess 🔾 I	nternal Connections							
<sup>1 2</sup> Form 470	Application	Number (15 c	45102	0000302138	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001						
. SPIN - Ser	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy				
1 3		(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01		
1 4 Service I	Provider Nam	<sub>ne</sub> Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/				
/	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label										
<sup>2</sup> <sup>2</sup> Entity/Enti Receiving Service:	lies	receiving this s	ervice : _	pecific (provided to compared by all entities on				•	-	from Block 4	
2 3 Calculati											
		ecurring Cha		E		e-Time Ch			Total Cha		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program	E Annual pre- discount \$ amount for eligible recurring charges (D x C)	F Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	y discount (from Block 4 Workshee t)	K Funding Commitment \$ Request ( J x I )	
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	53	\$2514.32	

Enlity Number Contact Per	Kenne	th Sutton				860	FR0102 -298-5319					
	e one Block 5 p	age for <b>EACH</b> s	service (Fi	quest(s) unding Request Num per the completed pa			esting discounts.		page 20	31 		
FRN #		CAPACIA AND AND AND AND AND AND AND AND AND AN		(to be ass	signed by	admini	strator)					
1   Category o	f Service (only (	ONE category sh	ould be ch	ecked)	15 Contract "MTM" if month-to-	Number (if	available; use "T" if to as described in Instruc			Т		
lelecommuno	ations Service	Internet Acc	cess () I	nternal Connections	ions 16 Billing Account Number (e.g., billed telephone num 203-471-6854							
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowabl	e Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	<sub>ig)</sub> 01-01-2001		
SPIN - Ser	vice Provider				18 Contract Award Date (mm/dd/yyyy							
1 3	ion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01			
1 4 Service	1 4 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/											
Z 1 '	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # A-FR0102											
Receiving Service:		receiving this s <b>b.</b> If the servic		122484 ed by all entities on	a Block 4 wo	 orksheet, list	the worksheet nu	mber (e.g., A-	· <del>· , · · · · · · · · · · · · · · · · · </del>			
2 3 Calculati					<u> </u>							
		curring Cha				e-Time Ch			Total Cha			
A Monthly \$	B How much of	C Eligible	D # of	E Annual pre-	F Annual non-	G How much	H Annual eligible	Total	у %	K Funding		
charges (total amount per month for service)	the \$ amount in (A) is ineligible?	monthly pre- discount amount (A minus B)	months service provided in program vear	discount \$ amount for eligible recurring charges (D x C)	recurring (one-time) \$ charges	of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	program year pre- discount \$	discount (from Block 4 Workshee t)	Commitment \$ Request ( J x I )		
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60		

Entity Number	Kenne	6 eth Sutton				A	pplicant's Form			FR0102 0-298-5319	
Contact Per	son						Phone N	umber			
	e one Block 5 popies of this pag	page for EACH age as necessary,	service (Fi	<b>quest(s)</b> unding Request Num ber the completed pa	ages to assure	that they are	esting discounts. all processed cor	•	page 2	7 of 31	
FRN #				(to be as							
1 ↑ Category o	f Service (only	ONE category sh	ould be ch		15 Contract	Number (if	available; use "T" if t			Т	
• Telecommuno	ations Service	O Internet Ac	cess () I	nternal Connections	"MTM" if month-to-month services as described in Instructions)  Itions 16 Billing Account Number (e.g., billed telephone num 203-471-6854						
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filir	ng) <b>01-01-2001</b>	
SPIN - Ser	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy				
Identificat		(9 digits)		001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01		
1.4 Service	Provider Nan	<sub>ne</sub> Southern Ne	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/				
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # A-FR0102											
<sup>2</sup> 2 Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to c 122295 and by all entities on		·	·	•		y from Block 4	
2 3 Calculati											
		ecurring Cha				e-Time Ch			Total Ch		
Monthly \$ charges (total amount per month for service)	B  How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	E Annual pre- discount \$ amount for eligible recurring charges (D x C)	F Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	J % discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )	
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60	

Entity Number	122316	3				Aį	oplicant's Form	ldentifier _		FR0102		
Contact Per	Kenne	th Sutton						umber		-298-5319		
	e one Block 5 p	age for <b>EACH</b> s e as necessary,	service (Fi and numl	unding Request Num per the completed pa	iges to assure	that they are	esting discounts. all processed cor		page 2	3 of 31		
FRN #				(to be ass			취임하다는 네가 얼마나 나는 그를 가다.					
1 1 Category o				lecked)	"MTM" if month-to	-month services	available; use "T" if t as described in Instruc	tions)		Т		
lelecommuno	cations Service	Olnternet Acc	cess 🔾 I	nternal Connections	ions 16 Billing Account Number (e.g., billed telephone num 203-471-6854							
1 2 Form 470	Application	Number (15 c	45102	0000302138	3 17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001							
SPIN - Ser	vice Provider				18 Contract Award Date (mm/dd/yyyy							
1 1	ion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01			
1 4 Service	Provider Nam	e Southern Nev	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/	, ,,, <u></u>				
This Servi	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # A-FR0102											
Entity/Enti Receiving Service:	lies	receiving this s	service : _	300000			·					
23 Calculati	ons							(+ 3,	/			
	Re	curring Cha	irges		On	e-Time Ch	arges		Total Ch	arges		
Α	В	С	D	E	F	G	Н	<u> </u>	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )		
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60		

Emility Number	Kenne	6 eth Sutton				Aı	pplicant's Form	ldentifier _		FR0102 0-298-5319		
Make as many co	e one Block 5 popies of this pag	age for EACH : le as necessary,	service (Fi	quest(s) unding Request Num ber the completed pa  (to be ass	ages to assure	that they are	esting discounts. all processed cor	rectly	page 2	9 of 31		
1 1 Category o			ould be ch	iecked)			available; use "T" if t as described in Instruc		··· · · · · · · · · · · · · · · · · ·	Т		
• Telecommuno	ations Service	O Internet Acc	cess 🔾 I	nternal Connections	"MTM" if month-to-month services as described in Instructions)  16 Billing Account Number (e.g., billed telephone num 203-471-6854							
<sup>1 2</sup> Form 470	Application	Number (15 c	45102	0000302138	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001							
SPIN - Ser	vice Provider				18 Contract Award Date (mm/dd/yyyy							
Identificat	tion Number	`		001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01			
14 Service	Octylee Provider Name											
7 1	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label											
<sup>2</sup> Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to control 122331 and by all entities on		·	·			y from Block 4		
23 Calculati		ecurring Cha	arges		On	e-Time Ch	arges		Total Ch	arges		
A	В	С	D	E	F	G	Н	l	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )		
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	41	\$2002.44		

Em⊪ity Number Contact Pers	Kenne	th Sutton			Applicant's Form Identifier Phone Number _					FR0102 -298-5319
Make as many co	e one Block 5 p ppies of this pag	age for <b>EACH</b> s e as necessary,	service (Fu	unding Request Num per the completed pa	ges to assure	that they are	esting discounts. all processed cor	rectly	page 30	0 of 31
FRN #				(to be ass	signed by	admini	strator)			
1 1 Category of	Service (only	ONE category sh	ould be ch	ecked)		-	available; use "T" if to as described in Instruc			т
Telecommunc	ations Service	O Internet Acc	cess 🔾 l	nternal Connections	16 Billing	Account Nu	mber (e.g., billed	telephone num	203-47	1-6854
1 2 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filir	ng) <b>01-01-2001</b>
SDIN - Ser	vice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			
_	ion Number			001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	<sub>e</sub> Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
	You MUST attach a description of This Service:    Attachment									
2 2 Entity/Enti Receiving Service:	This	receiving this s	ervice : _	pecific (provided to control 122335) and by all entities on			·	-		
2 3 Calculati						- Ti Ol-	I		T-1-1 Ob	
Α Ι	B Re	curring Cha	rges D	E	F On	e-Time Ch G	arges н	1	Total Ch	arges к
Monthly \$ c harges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$200.00	\$0.00	\$200.00	\$5084.00	40	\$2033.60

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Enlity Number	12231	6				A	oplicant's Form	ldentifier _		FR0102
Contact Pers	son Kenne	th Sutton					Dhana N	lumber		)-298-5319 
Make as many co	e one Block 5 popies of this pag	age for <b>EACH</b> speaks are speaks as necessary,	service (Fi	quest(s) unding Request Number the completed pa	ages to assure	that they are	esting discounts. all processed cor	rectly	page 3	
1   Category o	f Service (only	ONE category sh	ould be ch		15 Contract "MTM" if month-to	Number (if -month services a	available; use "T" if the described in Instruction  as described in Instruction  mber (e.g., billed)	ariffed services, tions)		Τ
1 2 Form 470										ng) <b>01-01-2001</b>
1 3 SPIN - Sei Identificat	rvice Provider tion Number	(9 digits)	143	001305	19 Service	e Start Date	ate (mm/dd/yyyy (mm/dd/yyyy)	07/01/20	01	
1 4 Service	Provider Nam	<sub>ne</sub> Southern Nev	v England	Telephone	<u> </u>		n Date (mm/dd/	<del></del>		
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  This Service:  Attachment # A-FR0102								nd names. Label		
<sup>2 2</sup> Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to one 122318) and by all entities on		<del></del> _		•		
2 3 Calculati	ons									
		ecurring Cha	rges			e-Time Ch			Total Ch	
A	В	C	D	E	F	G	H	<u> </u>	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request ( J x I )
\$307.00	\$0.00	\$307.00	12	\$3684.00	\$700.00	\$0.00	\$700.00	\$4384.00	42	\$1841.28

	Number ct Person _	12231 Kenneth Sutton	16	Applicant's Form Identific	erfR(	0102 98-5319_ext 303	0	
	The entiti	schools under the and Secondary Ed profit businesses a libraries or library Library Services a	of this application statutory definition ducation Act of 19 and do not have e consortia eligible and Technology Actetly separate from	n are eligible for suppoints of elementary and a 65, 20 U.S.C. Secs. 8 andowments exceeding for assistance from a 6ct of 1996 that do not commany schools, include	secondary sch (801(14) and (2 (3 \$50 million; a (State library adoperate as for-	ools found in t 25), that do no ind/or Iministrative ac profit business	he Elementary t operate as for- gency under the es and whose	
25	resou	urces, including cor	mputers, training,	Block 4 of this applica software, maintenance s well as to pay the dis	e, and electrica	al connections	necessary to ma	ke
26	a	an individual techniques-level techniques	nology plan for usi ology plan(s) for u	ortia listed in Block 4 of ing the services reques ising the services requ g for basic local and lo	sted in this app ested in this a	olication; and/opplication; or	r	
27	a b	technology plan(s) technology plan(s)	has/have been a will be approved	Itiple entities with mixe pproved; and/or by a state or other aut g for basic local and lo	horized body;	or		):
28		-		rt that I am representin services for which sup	-		licable state	
29	used	-	nal purposes and	rchases at discounts p will not be sold, resold	•			
30				complied with all progunding and/or cancella		_		
31	ensu	ring that the most d	lisadvantaged sch	for shared services is a nools and libraries that rom those services.		_	•	
32	works	-	cords that I rely u	t to this application. If pon to fill out this applies.		-		
33	exam	•	and to the best of	request on behalf of t my knowledge, informa				
34	Signature	e of authorized pe	erson au	Wille		35 Date	01-10-200	)
36	Printed r	name of authorize	ed person	KENNETH SUTTO	ON			
37	Title or p	osition of authoriz	zed person	OFFICE & NETW	ORK SYSTE	MS MANAGE	R	
38	Telephor	e number of auth	norized person:	( 860 ) 298 - 5319,	ext. 3030			
	•	-		n be punished by fine or er Title 18 of the United				
The A	mericans w	rith Disabilities Act, th	ne Individuals with [	Disabilities Education Act the these discounts access	and the Rehab	ilitation Act may	impose	
			parongood m					

Entity Number	122316	Applicant's Form Identifier	FR0102	
Contact Person _	Kenneth Sutton	Phone Number860-298-	5319 ext 3030	

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

WINDSOR, CT 06095

FAX (860) 298-5328

Office: (860) 298-5319

kensut@crlc.org

www.crlc.org

Capitol Region Library Council
599 MATIANUCK AVENUE

DATE: March,19 2001

TO: Nicole Allen

Client Service Bureau/Problem Resolution

FAX 888-276-8736

FROM

Ken Sutton, Office & Network Systems Manager

RE:

Memorandum of Agreement 9-30-96

Re: Form 471 application ID FR0102

Year 07-01-2001 to 06-30-2002

Entity number: 122316

Responding to you email dated 03-16-2001

From 471 Block 8b Number of Library patrons served

432,766

Date:

03-19-2001

Kenneth Sutton

219/01